

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number:	3235-0076
Expires: 1v	1ay 31, 2005
Estimated aver	age burden
hours per respo	nse16.00

SEC USE ONLY					
Prefix	Serial				
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DATE REC	EIVED				
	1				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Longroad Capital Partners, L.P.								
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE							
Type of Filing: New Filing Amendment								
A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about the issuer	1111 1 3 2004							
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)							
Longroad Capital Partners, L.P.								
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
177 Broad Street, Suite 1150, Stamford, CT 06901	(203)967-1400							
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
(if different from Executive Offices)								
Brief Description of Business: investments in securities								
	ROCESSED							
Type of Business Organization								
corporation limited partnership, already formed	JUL 14 2004 F Other (please specify):							
business trust limited partnership, to be formed	30L 1 4 2007 E							
Month Year	THOMSON							
Actual or Estimated Date of Incorporation or Organization: 0 5 0 4 Figure 1 Estimated								
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
CN for Canada; FN for other foreign juri								

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Paratner Full Name (Last name first, if individual) Longroad Partners GP II, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 177 Broad Street, Suite 1150, Stamford, CT 06901 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director ☐ Managing Partner Managing Member of Longroad Partners GP II, LLC Full Name (Last name first, if individual) Coughlin, Paul J., III Business or Residence Address (Number and Street, City, State, Zip Code) 177 Broad Street, Suite 1150, Stamford, CT 06901 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Principal of ☐ Director Managing Partner Longroad Partners GP II, LLC Full Name (Last name first, if individual) Latto, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 177 Broad Street, Suite 1150, Stamford, CT 06901 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Hospitals of Ontario Pension Plan Business or Residence Address (Number and Street, City, State, Zip Code) 1 Toronto Street, Suite 1400, Toronto, Ontario, Canada M5C 3B2 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director Partner Full Name (Last name first, if individual) Goldman Sachs Distressed Opportunities (FL), L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, 21st Floor, New York, NY 10005 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director Partner Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

Each promoter of the issuer, if the issuer has been organized within the past five years;

Enter the information requested for the following:

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Has the	issuer sold	l, or does th						_			Yes	No
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									65.00			
* Subject to the discretion of the General Partner to accept lesser amounts									\$5,000	<u>0,000°</u>		
							Yes	No				
commis a perso states,	he informa ssion or sim n to be liste list the nam or dealer, y	nilar remune ed is an asso ne of the bro	ration for s ociated pers oker or deal	olicitation of on or agent ler. If more	of purchaser of a broker than five	s in connect or dealer r (5) persons	tion with sa egistered w to be listed	les of secur ith the SEC are associa	ities in the and/or wit ited person	offering. If h a state or		
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	associated E	Broker or De	ealer									
States in W	hich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers		····		<u></u>		
	All States"								••••••	-		. All States
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[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer									
States in W	hich Person	n Listed Ha	s Solicited	or Intends to	o Solicit Pu	rchasers						
	All States" of											
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Jumber and	Street City	State Zin	Code)						
Dusiness 0	Residence	Addiess (1	difficer and	Succe, City	y, State, Zip	Code						
Name of A	ssociated B	roker or De	aler		<u>.</u>							
States in W	hich Person	n Listed Ha	s Solicited of	or Intends to	o Solicit Pu	rchasers						
	All States" o									*************		. All States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
. we to	Type of Security	Aggregate Offering Price	Amount Alr Sold	eady
	Debt	<u>\$</u>	<u>\$</u>	
	Equity Common Preferred	<u>\$</u>	<u>\$</u>	m sacroson sarg
	Convertible Securities (including warrants)	<u>\$</u>	<u>\$_</u>	
	Partnership Interests	\$125,000,000	\$121,300,000	
	Other (Specify)	\$	<u>\$</u>	
	Total	\$125,000,000	\$121,300,000	
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Aggrega Dollar Am of Purcha	ount
	Accredited Investors	30	<u>\$121,300,0</u>	00
	Non-accredited Investors	-	<u>\$</u>	
	Total (for filings under Rule 504 only)			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of offering	Type of Security	Dollar Am Sold	ount
	Rule 505			
	Regulation A			
	Rule 504			
	Total			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[□ <u>\$</u>	
	Printing and Engraving Costs	[□ \$	
	Legal Fees	[□ <u>\$</u>	
	Accounting Fees	[□ <u>\$</u>	
	Engineering Fees	[□ <u>\$</u>	
	Sales Commissions (specify finders' fees separately)	[□ <u>\$</u>	
	Other Expenses (identify) legal and organization expenses		\$625,000	
	Total		≤ \$625,000	

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and total expenses furnished in response a proceeds to the issuer."	to Part C - Question 4.a. This differe	nce is the "adjusted gro				\$124,375,000
5. Indicate below the amount of the adjusted g the purposes shown. If the amount for any left of the estimate. The total of the payme forth in response to Part C - Question 4.b ab	ourpose is not known, furnish an estima ents listed must equal the adjusted gros	ite and check the box to t	he			
	·			Payments to Officers, Directors, & Affiliates		Payments t
Salaries and fees] <u>\$</u>			
Purchase of real estate] <u>\$</u>			<u>\$</u>
Purchase, rental or leasing and installa	ation of machinery and equipment] <u>\$</u>			<u>\$</u>
Construction or leasing of plant buildi	ngs and facilities] <u>\$</u>			<u>\$</u>
Acquisition of other business (including offering that may be used in exchange	for the assets or securities of another					
issuer pursuant to a merger)			\$			<u>\$</u>
Repayment of indebtedness			<u>\$</u>			<u>\$</u>
Working capital			<u>\$</u>	•		<u>\$</u>
Other (specify): <u>investments in sec</u>	urities		l <u>\$</u> _			<u>\$124,375,000</u>
Column Totals			<u>\$</u>		\boxtimes	<u>\$124,375,000</u>
Total Payments Listed (column totals	added)		_	<u>\$124,3</u>	75,000	
	D. FEDERAL SIGNA	TURE				
The issuer has duly caused this notice to be signature constitutes an undertaking by the is information furnished by the issuer to any non-	igned by the undersigned duly author suer to furnish to the U.S. Securities	and Exchange Commis	sion,	s filed under Rul upon written rec	e 505, tiquest of	he following its staff, the
Issuer (Print or Type)	Signature			Date		
Longroad Capital Partners, L.P.	XW			July	<u>7</u> ,20	04
Name of Signer (Print or Type)	Managing Member of the	General Partner				
Paul J. Coughlin, III	1 (1 1/)					